Revision:

HCFA-PM-97-2 December 1997 ATTACHMENT 2.6-A Page 4 OMB No.:0938-0673

State	eCT							
Citation			Condition or Requirement					
В.	Posteligibi Inc	iteligibility Treatment of Institutionalized Individuals' Incomes						
	1.		ne following items are not considered in the steligibility process:					
1902(o) of the Act		a.	SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.					
Bondi v Sullivan (SSI)		b.	Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.					
1902(r)(1) of the Act		c.	German Reparations Payments (reparation payments made by the Federal Republic of Germany).					
105/206 of P. L. 100-383		d.	Japanese and Aleutian Restitution Payments.					
1. (a) of P.L. 103-286		e.	Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).					
10405 of P.L. 101-239		f.	Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)					
6(h)(2) of P.L. 101-426		g.	Radiation Exposure Compensation.					
12005 of P. L. 103-66		h.	VA pensions limited to \$90 per month under 38 U.S.C. 5503.					
TN No. 98- Supersedes	-008	A	pproval Date 1) 16 78 Effective Date 7-1-98					
TN No. 93-	3		' 1					

Official

Revision: HCFA-PM-97-2
December 1997

State: CT

Citation C

1924 of the Act 435.725 deducted from to of an institutional income to the co

Personal Needs A
For Individuals a
Institutionalized

ATTACHMENT 2.6-A Page 4a OMB No.:0938-0673

Condition or Requirement

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

a. Aged, blind, disabled Individuals \$ 52.00 Couples \$ 104.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related: Children \$ 52.00 Adults \$ 52.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -A. \$_52.00__

TN No. 00-003
Supersedes Approval Date 7/31/200

Effective Date 7-1-00

TN No. 99-013

Revision: State:	HCFA-PM-9' December 19			ATTACHMENT 2.6-A Page 4b OMB No.:0938-0673					
Citatio	n	Condition or Requirement							
		For the following pers							
		Supplement 12 to Attz greater need; describes determining the deduc amount is not listed ab be met; and, where ap organizational unit whe criterion is met.	s the basis or f tible amount v love; lists the opropriate, ide	formula for when a specific criteria to criteria to ntifies the					
1924 of the Ac	et 3.	In addition to the am amounts are deducinstitutionalized individual	ted from th	tem 2., the following monthly the remaining income of an immunity spouse:					
		calculated using the which the maintena spouse's income. The the maximum presonant calculates the maximum presonant calculates and the maximum presonant calculates and the maximum presonant calculates and the calculated using the which calculated using the calc	e formula in ance needs state the maintenance oribed in §19 sists of a portage.	e for the community spouse, §1924(d)(2), is the amount by andard exceeds the community e needs standard cannot exceed 24 (d)(3)(C). The maintenance verty level component plus an					
		The poverty calculated using the percentage (set out Act) of the official p	§1924(d)(3)(1						
		calculated using a per than the applicable page 1975, of the off	percentage, equicial poverty le	iter ual to					
		The mainten community spouses permitted by §1924							
		spouse's monthly is exceptional maintena	ncome allowa nce needs, esta	e State will set the community ince at the amount by which blished at a fair hearing, exceed or at the amount of any court-					

TN No. 98-008 Supersedes	Approval Date_	12/16/98	Effective Date_	7-1-98
TN No				

Revision:

HCFA-PM-97-2

December 1997

Page 4c OMR No: 0938-0673

ATTACHMENT 2.6-A

State:	СТ	OIVID 1100938-00
Citation	Con	dition or Requirement
	In determining any	v excess shelter allowance

utility expenses are calculated using:

- the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or
- the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.
- The monthly income allowance for other dependent family members living with the community spouse is:
 - one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income.

a greater amounted calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):

- Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:
 - (i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
 - (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

TN No. 98-008 Supersedes	Approval Date	V-16198	Effective Date	7-1-98
TN No				

2000

Revision: I

Supersedes

TN No. 91-15

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OMB No.:0938-0673 CTState: Condition or Requirement Citation 4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple: 435.725 435.733 435.832 An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the: AFDC level; or Medically needy level: (Check one) -- AFDC levels in Supplement 1 X Medically needy level in Supplement 1 -- Other: \$ b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third (I) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>) 5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple: 435.733 435.832 A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period: ____ No. X Yes (the applicable amount is shown on page 5a.) TN No. 98-008

121/6 98

Approval Date_

Effective Date 7-1-98

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ATTACHMENT 2.6-A Page 5a OMB No.:0938-0673

Condition or Requirement
Amount for maintenance of home is: \$
Amount for maintenance of home is the actual maintenance costs not to exceed \$\frac{460/mo}{250/mo}\$. non-shared
Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

TN No. 98-008 Supersedes TN No. -1) /6,5) Effective Date 7-1-98 Approval Date_

UFFICIAL

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 ATTACHMENT 2.6-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Connecticut
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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

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Condition or Requirement

42 CFR 435.711 435.721, 435.831

C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

TN No. 93-11 Supersedes TN No. 91-15

Approval Dat AUG 31 1993 Effective Date 4-1-93

State:	Connecticut	
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Citation

Condition or Requirement

<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.

Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.

Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.

<u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.

<u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.

Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.

Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z)(1) of the Act.

TN No. 95-020
Supersedes
Approval Date MAR 1 Q 1996 Effective Date 10/1/95
TN No. 91-15



Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992

ATTACHMENT 2.6-2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Со					
	ELIGIBIL	ONS AND REQUIREMENTS				
Citation(s)			Condit	ion or Requirement		
	Α.	Gen	eral Co	nditions of Eligibility		
		Eac	h indiv	idual covered under the plan:		
42 CFR Part 435, Subpart G		 Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services. 				
42 CFR Part 435, Subpart F		2.	Meets (the applicable non-financial eligibility ions.		
		a.	For the	e categorically needy:		
			(i)	Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.		
			(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.		
1902(1) of the Act			(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VII), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.		
1902(m) of the Act			(iv)	For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.		

TN No. 93-11		1110 113	9. 1. 4. 3			
Supersedes	Approval	Date AUG 31	1333	Effective	Date	4-1-93
TN No. 91-15	• •					

Revision:

HCFA-PM-91-4

1991

(BPD)

ATTACHMENT 2.6-A

Page 2

0938-OMB No.:

CONNECTICUT State:___

Condition or Requirement Citation b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435. c. For financially eligible qualified Medicare 1905(p) of the beneficiaries covered under section Act 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act. d. For financially eligible qualified disabled and 1905(s) of the working individuals covered under section Act 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s). 42 CFR 3. Is residing in the United States and--435.402 a. Is a citizen; b. Is an alien lawfully admitted for permanent ~. 245A of the residence or otherwise permanently residing in the gration and United States under color of law, as defined in 42 in __ionality Act CFR 435.408; c. Is an alien granted lawful temporary resident 1902(a) and status under section 245A and 210A of the 1903(v) of the Act and Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 245A(h)(3)(B) 1614(a)(1) of the Act, under 18 years of age of the Immigration or a Cuban/Haitian entrant as defined in section & Nationality Act

TN No. Approval Date JUN 24 1994 Effective Date 10-1-91 Supersedes io. <u>87-58</u>

501(e)(1) and (2)(A) of P.L. 96-422;